

APR 18 1940

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

11249  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson  
(b) Township Franklin  
(c) City Independence R. 2d  
(e) Length of residence in city or town where death occurred 2 yrs. mos. ds.

Registration District No. 395  
Primary Registration District No. 5551A

Registered No. ....

(d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(f) How long in U. S., if of foreign birth? 68 yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 630 Frank Ludwig Ward St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Married - (Ella)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 19 - 1878  
7. AGE YEARS 61 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stonemason  
9. Industry or business in which work was done, as saw mill, bank, etc. Turner  
10. Date deceased last worked at this occupation (month and year) 1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Andrew Ward14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know17. INFORMANT Salma Kau. (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Buckner DATE Mar - 1019. FUNERAL DIRECTOR (NAME) (ADDRESS) R Bumb  
Blue Springs Mo20. FILED April 11 1940 Mrs. Thomas Platter Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 194022. I HEREBY CERTIFY, That I attended deceased from Feb 26 1940, to 3-7 1940I last saw him alive on 3-7 1940 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Basilar Hemorrhage 3-7-40

Other contributory causes of importance:

Obstructive Aneurysm 12 yrsName of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E E Perry M. D.  
(Address) Box 4000

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 12-12-38 1 X14023

7/2'

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11249

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 395

Primary Registration District No. 22331A

Registrar's No.

1. PLACE OF DEATH:

- (a) County Jackson  
(b) City or town Smolan T.P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME

Frank Ludwig Ward

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex in Color w

6. (a) Single, widowed, married,  
divorced

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if  
alive year

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

61

9

27

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal)

- (b) Date thereof

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) (Date received local registrar)

- (b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County

- (c) City or town

(If outside city or town limits write "RURAL")

- (d) Street No.

(If rural, give location)

- (e) If foreign born, how long in U. S. A.?

years

20. DATE OF DEATH

- Month 3 day 8  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from

19 to 19  
that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death

Gastric  
Remarriage

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature E. E. Perry (M. D. or other)

Address Oak Grove Date signed 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1940

S-11249